

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20639**

FILED JUN 25 1957

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONE TWSP</u>		c. CITY OR TOWN <u>LESLIE R.R.2</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHN BANDY FARM</u>		f. STREET ADDRESS (If rural, give location) <u>BOONE TWSP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>PALO</u> c. (Last) <u>BANDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15 1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19, 1904</u>
9. AGE (In years last birthday) <u>52</u>		10. AGE (In years last birthday) <u>9</u>	11. AGE (In years last birthday) <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>HUBBARD IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED PALO</u>		13b. MOTHER'S MAIDEN NAME <u>AGGIE COLLINS</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN BANDY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN BANDY</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>BOONE FARM</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>BOONE TOWNSHIP</u>		21d. (COUNTY) <u>FRANKLIN</u>	
21e. (STATE) <u>MO.</u>		21f. HOW DID INJURY OCCUR? <u>FLASH FLOOD</u>	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/15/57 1:30 AM</u>		21h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>6/15/57</u>		23d. SIGNATURE <u>[Signature]</u>	
23e. ADDRESS <u>[Address]</u>		23f. DATE SIGNED <u>6/15/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/19/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CHURCH</u>		24d. LOCATION (City, town, or county) <u>LESLIE R.R.2 MO.</u>	
24e. DATE REC'D BY LOCAL REG. <u>June 19-1957</u>		24f. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
24g. REGISTRAR'S SIGNATURE <u>[Signature]</u>		24h. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
24i. ADDRESS <u>[Address]</u>		24j. ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4772

P. O. Address. See Reverse

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.